DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing

Operations Memo 04-06 - Attachment 3

STATE OF WISCONSIN	
Case Number:	
Case Name:	
Your Worker Is:	
Name:	
ID:	
Telephone Number:	

CERTIFYING AGENCY:

WALWORTH CO HSD HUMAN SERVICES CENTER 1 MAIN STREET MILWAUKEE, WI 00000

FOOD STAMP INTERIM CHANGE REPORT FORM

To avoid a delay in your food stamp benefits, answer all questions, sign, and return this form by <u>A#/##/###</u> to the agency listed at the top of this form. Please enclose all papers that provide proof of your answers including all paystubs received in the last 30 days by any employed household members. Contact your local county office if you have any questions or need help completing this form.

------ PLEASE COMPLETE THIS FORM USING BLUE OR BLACK INK. PRINT IN CAPITAL LETTERS. -------

SECTION I – ADDRESS/SHELTER EXPENSE INFORMATION					
Are you now homeless? Yes No					
5480 MAIN STREET					
APT 304 MILWAUKEE, WI 00000-0000					
MILWAUKEE, WEGGOOD-0000					
The address listed above is what we now have on file for your household.					
Is this still your address? ☐ Yes ☐ No					
If your address has changed, what is it now?					
Street: _ _ _ _ _ Apt #: _ _					
City: _ Zip code: _ _					
Telephone (If you do not have a telephone, what is a number where you can be reached?): - - -					
Do you now live in subsidized housing, such as Section 8 or Public Housing? Yes No					
Yes No					
Do you pay rent?					
Do you have a mortgage payment?					
Property Taxes (if paid separately from your mortgage)? \$ _ _ per month					
Homeowners Insurance (if paid separately from your mortgage)? Yes No Yes No					
Do you pay for HEAT? Do you pay for a TELEPHONE?					
Do you pay for ELECTRICITY? Do you pay for TRASH REMOVAL?					
Do you pay for GAS?					
CECTION II. HOUSELIGED ASSETS					
SECTION II – HOUSEHOLD ASSETS					
Add up all assets that members of your household now have. Include cash, savings accounts, checking accounts, stocks, bonds, or any other investments.					
Are your household's total assets now more than \$2000 (\$3000 if at least one member is age 60 or older, or disabled).					
☐ Yes ☐ No If "Yes", what is the total? \$					
SECTION III – CHILD SUPPORT PAYMENTS					
Has any household member had a change in his or her legal obligation to pay child support? Yes No					
If "Yes", please explain the change.					

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Health Care Financing

Operations Memo 04-06 - Attachment 3 STATE OF WISCONSIN

SECTION IV – HOUSEHOLD MEMBERS					
Listed below are the names of all people we now have listed as living in your household. Please review the names and indicate in the Yes/No boxes if they still live with you.					
John Doe 1 John Doe 2 John Doe 3 John Doe 4 John Doe 5 John Doe 6	John Doe 7 John Doe 8 John Doe 9 John Doe 10 John Doe 11 John Doe 12	Yes No John Doe 13 John Doe 14 John Doe 15 John Doe 16 John Doe 17 John Doe 18	Yes No		
needed or if more people have household. However, if you do will not get benefits. First Name: Date of Birth (mm/dd/yy): SSN: - Is this person related to you?	moved in with you. You do not I not provide a social security nur Last Na US Citi Does this Yes No to you (for example, son, mother		number for all persons in your is not applied for, that person		
Please provide the following inf	ormation for any people in your h	nousehold who are working.			
Name	Employer	How Often Paid? Dated	Started		
REMINDER: YOU MUST ENCLOSE ALL CHECK STUBS RECEIVED IN #######, #### FOR ALL EMPLOYED HOUSEHOLD MEMBERS					
This is the information we now Household Member's Name	have about self employed hous Type of Business	ehold members: <u>Average Monthly Income</u>			
Has there been an unexpected increase or decrease in this income? Yes No If "yes", please explain.					
Has anyone in your household	started earning income from sel t	f employment?	If "yes", complete below.		
Household Member's Name	Type of Business Average	ge Monthly Income Date S	elf Employment Started		
		urces and monthly amounts below Compensation, or Social Security			
Household Member's Name	Source of Income	How Often Received?	Amount \$ \$ \$ \$ \$ \$ \$		
SECTION VI - SIGNATURE					
I certify that my answers on a provide on this report may re may result in a fine and/or in	esult in a change or termination	plete to the best of my knowled on of benefits. Willful failure to	give correct information		
SIGNATURE:			Date:		